

FY 2008-09 Pre-Assessment Questionnaire

Check () Initial or () Update

Agency Name:		Date:	
Completed by:		Title:	
Completed by:		Title:	

AGENCY ADMINISTRATION

Board of Directors

1. Board Roster (attach a copy of the current roster if changed since submission of your Grant Application): Are all seats currently filled? Yes ☐ No ☐

a) If no, state the number of vacancies, the Sector(s) affected, and the projected date(s) for filling the vacancy(ies)

b) Describe what actions are being taken to fill the seat(s), and be prepared to provide a copy of the revised roster to the monitor during the next scheduled OEO Monitoring Visit:

c) Describe your Board's meeting schedule:

d) Describe any training provided to your agency's Board of Directors within the last 12 months:
2. Is documentation on file to verify the democratic selection process used in seating representatives of the poor? Yes ☐ No ☐

If yes, please indicate the source document and page number where the process description can be located. The document should be made available for viewing during the next OEO Monitoring Visit:
3. Is documentation on file to verify the representation of private and public sector members? Yes ☐ No ☐

Documentation should be made available for review during the next scheduled OEO Monitoring Visit.
4. Are minutes of the last three Board meetings available? Yes ☐ No ☐

Was a quorum present at each meeting? If no, what actions are being taken to ensure a quorum at meetings? (Attach a separate page.) Yes ☐ No ☐

During the next scheduled OEO Monitoring Visit, provide monitor with copies of minutes from the last 3 Board meetings where a quorum was present.

5. CERTIFICATION OF ELIGIBILITY DOCUMENTS. Please enter the date (MM/DD/YYYY) of the latest version of the following documents:

Articles of Incorporation

Agency By Laws

Annual Audit

---or---

Annual Schedule of Grantee Receipts and Expenditure Report
and Certification and Sworn Statement

Personnel Policies and Procedures

Financial Policies and Procedures

When instructed to do so, fax or email to monitor a copy of the following fiscal documentation prior to the next scheduled OEO Monitoring Visit:

Trial Balance Report

Receipt/Expenditure Report

6. NON-DISCRIMINATION POLICIES.

a) Are policies requiring non-discrimination in employment and service delivery included in your agency's Personnel Policies and Procedures?

Yes ☐ No ☐

b) If not, state what agency document(s) contain these policies and reference corresponding pages.

c) Describe the appeals processes included in these policies:

d) Indicate the date of the most recent appeal filed by an employee or a participant. .

Be prepared to make these documents available for viewing at the next scheduled OEO Monitoring Visit.

PROGRAM OPERATIONS

CSBG-Funded Positions

7. Has the organizational chart changed since the contract for the current state fiscal year was awarded?

Yes ☐ No ☐

If so, state the changes and provide monitor with a copy of the revised organizational chart during the next scheduled OEO Monitoring Visit:

8. Does the organizational chart show the name of each person holding a CSBG-funded position?

Yes ☐ No ☐

<p>9. Are job descriptions available for each CSBG-funded position?</p> <p>Are resumes and/or documentation detailing staff's credentials for each CSBG-funded position available?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>10. Are all CSBG-funded positions currently filled?</p> <p>If not, indicate what actions are being taken to fill the position(s) and when vacant position(s) is expected to be filled:</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>11. Has your agency provided staff development, training and promotion opportunities for CSBG-funded staff within the last 12 months?</p> <p>Please describe current activities:</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>12. List the name(s) and Long-Range Goal(s) of your CSBG Project(s).</p> <div style="margin-left: 40px;"> Project Name: Long-Range Goal: </div> <div style="margin-left: 40px;"> Project Name: Long-Range Goal: </div>	
<p>13. Did your agency meet your CSBG Project(s) Long-Range Goal(s) for the most recently completed multi-year planning period?</p> <p>If not, what steps are being taken to address the Long-Range Goal(s)? (Attach a separate page.)</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>14. Does CSBG Director have a copy of the most recent funding application and contract?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>15. Do all staff have a copy of the most recent poverty income guidelines?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>16. Is the income of the entire family unit taken into consideration when determining eligibility?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>17. Is the period used for determining annual income no less than 90 days and no more than 12 months preceding the application for assistance?</p> <p>If yes, is the period used determined on a case by case basis according to which method is most beneficial to the participant?</p> <p>If no, describe the period used:</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>

18. Does each applicant for services sign a "Declaration of Income" or Certification statement?	Yes <input type="checkbox"/> No <input type="checkbox"/>
19. Does staff document verification of participants' income?	Yes <input type="checkbox"/> No <input type="checkbox"/>
<p>If yes, is staff careful to avoid filing copies of documents that could place participants at greater risk for identity theft?</p>	Yes <input type="checkbox"/> No <input type="checkbox"/>
20. Is a participant master file and AR4CA record maintained on each project participant?	Yes <input type="checkbox"/> No <input type="checkbox"/>
21. Is a viable waitlist accessible from the AR4CA system?	Yes <input type="checkbox"/> No <input type="checkbox"/>
22. Are participant files kept confidential?	Yes <input type="checkbox"/> No <input type="checkbox"/>
23. Are participants provided a private environment when meeting with staff?	Yes <input type="checkbox"/> No <input type="checkbox"/>
<p>24. Check all of the following items that are contained in participant files:</p> <p><input type="checkbox"/> AR4CA File Number</p> <p><input type="checkbox"/> Intake form showing family size, income, type of assistance needed</p> <p><input type="checkbox"/> Eligibility documentation</p> <p><input type="checkbox"/> Type of service provided and date(s)</p> <p><input type="checkbox"/> Authorizations</p> <p><input type="checkbox"/> Verification that service was received, where appropriate</p> <p><input type="checkbox"/> Case notes</p> <p><input type="checkbox"/> Follow-up information</p>	
25. Please list additional items kept in participant files but not checked above.	
26. Describe the criteria and intake (acceptance) process used by your agency to determine who participates in your CSBG-funded project(s).	
27. Describe the criteria and Discharge Process used by your agency when a participant has completed your CSBG-funded project successfully:	
28. Describe the criteria and Discharge Process used by your agency to determine when a participant is terminated from your CSBG-funded project:	

29. Please list any areas of training and/or technical assistance needed to implement your CSBG contract:

Completed by: _____

Date Completed: _____

Thank you for completing this Pre-Assessment Questionnaire.